

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		5-22-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SP	1123	7/27/01
RESPONSE FORMALITY REVIEW	Request	925	10-15-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	
7	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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